

Fill in this information to identify the case:

Debtor Serviceline Transport, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number 23-30348-MVL7
(if known)

☒ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or part.

If more space is needed for priority unsecured claims, fill out and attach the Additional Page of Part 1.

Total claim Priority amount

2.1 Priority creditor's name and mailing address

Internal Revenue Service

PO Box 7346

Philadelphia PA 19101

Date or dates debt was incurred
2021

Last 4 digits of account
number 3 8 7 1

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a)(8)

As of the petition filing date, the
claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:
941 Taxes

Is the claim subject to offset?

- ☒ No
☐ Yes

\$97,362.67 \$97,362.67

2.2 Priority creditor's name and mailing address

Johnson County Tax Assessor

PO Box 75

Cleburne TX 76033

Date or dates debt was incurred
2020-2022

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a)(8)

As of the petition filing date, the
claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:
Property taxes

Is the claim subject to offset?

- ☒ No
☐ Yes

\$67,028.88 \$67,028.88

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Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If more space is needed for nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1</div> Nonpriority creditor's name and mailing address <u>Acuity Insurance</u> <u>PO Box 718</u> <u>Sheboygan WI 53082</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>3</u> <u>5</u> <u>8</u> <u>7</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Insurance Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,228.90</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.2</div> Nonpriority creditor's name and mailing address <u>AKAD, Inc.</u> <u>1717 Park Oak Dr</u> <u>Conroe TX 77304</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Driver</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.3</div> Nonpriority creditor's name and mailing address <u>All About Tires</u> <u>PO Box 2128</u> <u>Waxahachie TX 75168</u> Date or dates debt was incurred <u>2020</u> Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$33,288.85</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.4</div> Nonpriority creditor's name and mailing address <u>American Express</u> <u>PO Box 650448</u> <u>Dallas TX 74265</u> Date or dates debt was incurred <u>2022</u> Last 4 digits of account number <u>2</u> <u>0</u> <u>0</u> <u>1</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$157,355.37</u>
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Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.5</div>	Nonpriority creditor's name and mailing address <u>Anthony Brooks</u> <u>5323 Law Arbor Dr</u> <u>Houston TX 77066</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Driver</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.6</div>	Nonpriority creditor's name and mailing address <u>Aramark</u> <u>2680 Palumbo DR</u> <u>Lexington KY 40509</u> Date or dates debt was incurred <u>2022</u> Last 4 digits of account number <u>8</u> <u>4</u> <u>3</u> <u>6</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,395.10</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.7</div>	Nonpriority creditor's name and mailing address <u>Ariel Bouskila</u> <u>80 Broad St, Ste 3303</u> <u>New York NY 10004</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Attorney Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.8</div>	Nonpriority creditor's name and mailing address <u>Arkansas Public Service Commission</u> <u>Tax Division</u> <u>1000 Center St</u> <u>Little Rock AR 72201</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>3</u> <u>5</u> <u>5</u> <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$100.00</u>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.9</div>	Nonpriority creditor's name and mailing address <u>Assured Partners</u> <u>4435 Main St, 4th Floor</u> <u>Kansas City</u> <u>MO</u> <u>64111</u> Date or dates debt was incurred <u>2022</u> Last 4 digits of account number <u>R</u> <u>A</u> <u>0</u> <u>1</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$7,166.79</u>
<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.10</div>	Nonpriority creditor's name and mailing address <u>Asurint/One Source Technology, LLC</u> <u>1801 W Olympic Blvd</u> <u>Pasadena</u> <u>CA</u> <u>91199</u> Date or dates debt was incurred <u>2021</u> Last 4 digits of account number <u>4</u> <u>3</u> <u>6</u> <u>3</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$9,767.48</u>
<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.11</div>	Nonpriority creditor's name and mailing address <u>Aubrey R. Williams</u> <u>Attorney at Law</u> <u>PO Box 20156</u> <u>Waco</u> <u>TX</u> <u>76702</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u> Cause No. 22DCV332260	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Attorney Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.12</div>	Nonpriority creditor's name and mailing address <u>AutoHR/Silverado Mgmt Group, LP</u> <u>14747 N Northsight Blvd, Ste 111-386</u> <u>Scottsdale</u> <u>AZ</u> <u>85260</u> Date or dates debt was incurred <u>2020</u> Last 4 digits of account number <u>R</u> <u>V</u> <u>0</u> <u>1</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,960.00</u>

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Amount of claim

3.13	Nonpriority creditor's name and mailing address Axon Development Corporation 15 Innovation Blvd, #304 Saskatoon, SK S7N 2X8	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,235.00
	Date or dates debt was incurred _____ Last 4 digits of account number <u>4</u> <u>7</u> <u>5</u> <u>2</u>	Basis for the claim: Business Account	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.14	Nonpriority creditor's name and mailing address B&W Wrecker Service 1960 S Burleson	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$12,812.50
	Date or dates debt was incurred <u>2021</u> Last 4 digits of account number <u>0</u> <u>1</u> <u>8</u> <u>0</u>	Basis for the claim: Business Account	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.15	Nonpriority creditor's name and mailing address Bernardo Quevedo 1101 Melrose Dr	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$1.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Driver	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.16	Nonpriority creditor's name and mailing address Big Tex Tire Service 2471 Hartline Dr	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,653.25
	Date or dates debt was incurred <u>2020</u> Last 4 digits of account number _____	Basis for the claim: Business Account	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.17</div>	Nonpriority creditor's name and mailing address <u>Brenntag Lubricants Central</u> <u>7010 Mykawa Rd</u> <u></u> <u></u> <u>Houston TX 77033</u> Date or dates debt was incurred <u>2021</u> Last 4 digits of account number <u>5</u> <u>2</u> <u>5</u> <u>5</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,344.97</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.18</div>	Nonpriority creditor's name and mailing address <u>Chase Visa</u> <u>PO Box 6294</u> <u></u> <u></u> <u>Carol Stream IL 60197</u> Date or dates debt was incurred <u>2021</u> Last 4 digits of account number <u>4</u> <u>5</u> <u>6</u> <u>1</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$24,669.92</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.19</div>	Nonpriority creditor's name and mailing address <u>Cleburne Family Medicine Assoc.</u> <u>220 N Ridgeway Dr</u> <u></u> <u></u> <u>Cleburne TX 76033</u> Date or dates debt was incurred <u>2021</u> Last 4 digits of account number <u>1</u> <u>9</u> <u>7</u> <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$464.26</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.20</div>	Nonpriority creditor's name and mailing address <u>Cliff's Check Cashing Stores, Inc</u> <u>c/o T. Cass Keramidas</u> <u>801 E Campbell Rd, Ste 625</u> <u></u> <u></u> <u>Richardson TX 75081</u> Date or dates debt was incurred <u>2022</u> Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u> Cause No. <u>JS21-00228D</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,161.28</u>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.21</div> Nonpriority creditor's name and mailing address <u>Cliff's Check Cashing Stores, Inc</u> <u>c/o Gavin N. Lewis</u> <u>1612 Ravenwood Court</u> <u>Aledo TX 76008</u> <u>Date or dates debt was incurred 2021</u> <u>Last 4 digits of account number</u> <u> </u> <u> </u> <u> </u> <u> </u> <u>Cause No. JS20-00401A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,161.28</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.22</div> Nonpriority creditor's name and mailing address <u>Comdata</u> <u>PO Box 845738</u> <u>Dallas TX 74284</u> <u>Date or dates debt was incurred 2022</u> <u>Last 4 digits of account number</u> <u>5</u> <u>0</u> <u>5</u> <u>7</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$59,880.78</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.23</div> Nonpriority creditor's name and mailing address <u>Comptroller of Public Accounts</u> <u>PO Box 149359</u> <u>Austin TX 78714</u> <u>Date or dates debt was incurred 2022</u> <u>Last 4 digits of account number</u> <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Franchise Tax</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,938.08</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.24</div> Nonpriority creditor's name and mailing address <u>Courtney C. Washington</u> <u>Fielding Law, PLLC</u> <u>18601 LBJ Fwy, Town East Tower, Ste 315</u> <u>Mesquite TX 75150</u> <u>Date or dates debt was incurred</u> <u>Last 4 digits of account number</u> <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Attorney Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.25</div> Nonpriority creditor's name and mailing address Crum & Forester 855 Winding Brook Dr Glastonbury CT 06033 Date or dates debt was incurred 2022 Last 4 digits of account number 2 5 6 1	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Account Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$309.96
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.26</div> Nonpriority creditor's name and mailing address CTRMA 3300 N I35 Frontage Rd #300 Austin TX 78705 Date or dates debt was incurred _____ Last 4 digits of account number ____ _ Multiple Accounts	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Account Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,106.05
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.27</div> Nonpriority creditor's name and mailing address Dauster Transport, LLC 2028 E Ben White Blvd 240-1434 Austin TX 78741 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Driver Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.28</div> Nonpriority creditor's name and mailing address Deauganique Wells c/o J. Chad Parker, PLLC 3808 Old Jacksonville Rd Tyler TX 75701 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Lawsuit Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.00
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Amount of claim

<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.29</div>	Nonpriority creditor's name and mailing address DFW Office Systems 13719 Gamma Rd Farmers Branch TX 75244 Date or dates debt was incurred Last 4 digits of account number <u>2</u> <u>8</u> <u>7</u> <u>3</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$87.68</u>
<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.30</div>	Nonpriority creditor's name and mailing address Family Medicine Associates PO Box 16367 Belfast ME 04915 Date or dates debt was incurred <u>2020</u> Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$167.40</u>
<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.31</div>	Nonpriority creditor's name and mailing address First Insurance Funding Corp a Div of Lake Forest Bank & Trust 450 Skokie Blvd, Ste 1000 Northbrooke IL 60062 Date or dates debt was incurred <u>2022</u> Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$11,624.50</u>
<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.32</div>	Nonpriority creditor's name and mailing address First Oklahoma Bank - Jenks PO Box 1370 Jenks OK 74037-1370 Date or dates debt was incurred <u>2022</u> Last 4 digits of account number <u>3</u> <u>3</u> <u>0</u> <u>4</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$380,202.06</u>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.33</div> Nonpriority creditor's name and mailing address Ft Bend CTRA 1950 Lockwood Bypass Richmond TX 77469 Date or dates debt was incurred _____ Last 4 digits of account number ____ _ Multiple Accounts	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Account Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$151.04
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.34</div> Nonpriority creditor's name and mailing address Fuller's Towing 3034 Industrial Ave Tyler TX 75706 Date or dates debt was incurred _____ Last 4 digits of account number ____ _ 	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Account Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$716.33
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.35</div> Nonpriority creditor's name and mailing address G3 Solutions c/o Jason Goodman 6613 Autumn Mist Cove Little Elm TX 75068 Date or dates debt was incurred _____ Last 4 digits of account number ____ _ 	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.36</div> Nonpriority creditor's name and mailing address Garcia's Landscaping 3536 Windy Lane Alvarado TX 76009 Date or dates debt was incurred 2021 Last 4 digits of account number ____ _ 	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Account Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$450.00

Debtor **ServiceLine Transport, Inc.**

Case number (if known) **23-30348-MVL7**

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.37</div> <div style="border-bottom: 1px solid black; margin-top: 5px;">Nonpriority creditor's name and mailing address</div> <div style="border-bottom: 1px solid black; margin-top: 5px;">Gavin N. Lewis</div> <div style="border-bottom: 1px solid black; margin-top: 5px;">1612 Ravenwood Court</div> <div style="border-bottom: 1px solid black; margin-top: 5px;"></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Aledo TX 76008 </div> <div style="border-bottom: 1px solid black; margin-top: 5px;">Date or dates debt was incurred</div> <div style="border-bottom: 1px solid black; margin-top: 5px;">Last 4 digits of account number</div> <div style="margin-top: 5px;">Cause No. JS20-00401A</div>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: Attorney Fees</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<div style="border-bottom: 1px solid black; margin-top: 5px;">\$1.00</div>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.38</div> <div style="border-bottom: 1px solid black; margin-top: 5px;">Nonpriority creditor's name and mailing address</div> <div style="border-bottom: 1px solid black; margin-top: 5px;">Gavin Scrimshire</div> <div style="border-bottom: 1px solid black; margin-top: 5px;">c/o Michah L. Satterwhite</div> <div style="border-bottom: 1px solid black; margin-top: 5px;">PO Drawer 2909</div> <div style="border-bottom: 1px solid black; margin-top: 5px;"></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Longview TX 75606 </div> <div style="border-bottom: 1px solid black; margin-top: 5px;">Date or dates debt was incurred</div> <div style="border-bottom: 1px solid black; margin-top: 5px;">Last 4 digits of account number</div> <div style="margin-top: 5px;">Cause No. DC-22-04789</div>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: Lawsuit</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<div style="border-bottom: 1px solid black; margin-top: 5px;">\$1,000.00</div>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.39</div> <div style="border-bottom: 1px solid black; margin-top: 5px;">Nonpriority creditor's name and mailing address</div> <div style="border-bottom: 1px solid black; margin-top: 5px;">Gulf Coast Bank & Trust Company</div> <div style="border-bottom: 1px solid black; margin-top: 5px;">1170 Celebration Blvd, Ste 100</div> <div style="border-bottom: 1px solid black; margin-top: 5px;"></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Celebration FL 34747 </div> <div style="border-bottom: 1px solid black; margin-top: 5px;">Date or dates debt was incurred</div> <div style="border-bottom: 1px solid black; margin-top: 5px;">Last 4 digits of account number</div> <div style="margin-top: 5px;"></div>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: Business Account</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<div style="border-bottom: 1px solid black; margin-top: 5px;">\$1.00</div>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.40</div> <div style="border-bottom: 1px solid black; margin-top: 5px;">Nonpriority creditor's name and mailing address</div> <div style="border-bottom: 1px solid black; margin-top: 5px;">Henry Knipper</div> <div style="border-bottom: 1px solid black; margin-top: 5px;">c/o Nicholas S. Bressi</div> <div style="border-bottom: 1px solid black; margin-top: 5px;">1803 West Ave</div> <div style="border-bottom: 1px solid black; margin-top: 5px;"></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Austin TX 78701 </div> <div style="border-bottom: 1px solid black; margin-top: 5px;">Date or dates debt was incurred</div> <div style="border-bottom: 1px solid black; margin-top: 5px;">Last 4 digits of account number</div> <div style="margin-top: 5px;">Cause No. 20-1635-C425</div>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: Judgment</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<div style="border-bottom: 1px solid black; margin-top: 5px;">\$65,630.00</div>

Debtor **Serviceline Transport, Inc.**

Case number (if known) **23-30348-MVL7**

Part 2: Additional Page

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Amount of claim

3.41	Nonpriority creditor's name and mailing address IOU Financial IOU Central, Inc. 600 Town Park Ln, Ste 100 Kennesaw GA 30144 Date or dates debt was incurred <u>2022</u> Last 4 digits of account number <u>3 6 3 5</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$222,000.00
3.42	Nonpriority creditor's name and mailing address IPFS 2900 N Loop West, Ste 1150 Houston TX 77092 Date or dates debt was incurred <u>2022</u> Last 4 digits of account number <u>5 1 3 1</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,233.60
3.43	Nonpriority creditor's name and mailing address J. Chad Parker, PLLC J. Chad Parker & Amy Mills 3808 Old Jacksonville Rd Tyler TX 75701 Date or dates debt was incurred _____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Attorney Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.00
3.44	Nonpriority creditor's name and mailing address J. Kyle Treadway Treadway Law Firm 14781 Memorial Dr, Box 12 Houston TX 77079 Date or dates debt was incurred _____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Attorney Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.00

Cause No. 202250182

Debtor **Serviceline Transport, Inc.**

Case number (if known) **23-30348-MVL7**

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.45</div> <div style="display: inline-block; vertical-align: top;"> <p>Nonpriority creditor's name and mailing address</p> <p><u>Jackson-Lloyd</u></p> <p><u>PO Box 1873</u></p> <p><u>Longview TX 75606</u></p> <p>Date or dates debt was incurred <u>2022</u></p> <p>Last 4 digits of account number <u>3 8 1 7</u></p> </div>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><u>Business Account</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><u>\$9,008.87</u></p>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.46</div> <div style="display: inline-block; vertical-align: top;"> <p>Nonpriority creditor's name and mailing address</p> <p><u>Jaleisha Miles</u></p> <p><u>c/o Courtney C. Washington</u></p> <p><u>18601 Lyndon B. Johnson</u></p> <p><u>Town East Tower, Ste 315</u></p> <p><u>Mesquite TX 75150</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u></p> </div>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><u>Lawsuit</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><u>\$1.00</u></p>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.47</div> <div style="display: inline-block; vertical-align: top;"> <p>Nonpriority creditor's name and mailing address</p> <p><u>Janek & Whitten Construction</u></p> <p><u>136 HCR 4263</u></p> <p><u>Hillsboro TX 76645</u></p> <p>Date or dates debt was incurred <u>2020</u></p> <p>Last 4 digits of account number <u>0 4 4 4</u></p> </div>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><u>Business Account</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><u>\$200.00</u></p>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.48</div> <div style="display: inline-block; vertical-align: top;"> <p>Nonpriority creditor's name and mailing address</p> <p><u>Jason A. Gang</u></p> <p><u>The Law Office of Jason Gang</u></p> <p><u>1245 Hewlett Plaza, #478</u></p> <p><u>Hewlett NY 11557</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u></p> </div>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><u>Attorney Fees</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><u>\$1.00</u></p>

Debtor **Serviceline Transport, Inc.**

Case number (if known) **23-30348-MVL7**

Part 2: Additional Page

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Amount of claim

3.49	Nonpriority creditor's name and mailing address Jason Goodman 6613 Autumn Mist Cove _____ _____ Little Elm TX 75068 _____ Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Debt _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.00
3.50	Nonpriority creditor's name and mailing address JB&D Trucking, LLC PO Box 4569 _____ _____ Cedar Hill TX 75106 _____ Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Driver _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.00
3.51	Nonpriority creditor's name and mailing address Jerrell Williams 1200 S Dairy Ashford Rd _____ _____ Houston TX 77077 _____ Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Driver _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.00
3.52	Nonpriority creditor's name and mailing address Jordan A. Glaze Glaze Garrett PO Box 1599 _____ _____ Gilmer TX 75644 _____ Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Attorney Fees _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.00

Debtor **Serviceline Transport, Inc.**

Case number (if known) **23-30348-MVL7**

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.53</div> Nonpriority creditor's name and mailing address Josey's Construction, LLC 238 Marion Rd Venus TX 76084 Date or dates debt was incurred 2021 Last 4 digits of account number 	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Account Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,220.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.54</div> Nonpriority creditor's name and mailing address Kerley & Sears, Inc 4331 Cement Valley Rd Midlothian TX 76065 Date or dates debt was incurred 2020 Last 4 digits of account number 	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Account Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,089.91
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.55</div> Nonpriority creditor's name and mailing address Kershaw Anderson, PLLC 12400 Coit Rd, Ste 570 Dallas TX 75251 Date or dates debt was incurred 2021 Last 4 digits of account number 9 6 2 8 Various Lawsuits	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Attorney Fees Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,381.50
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.56</div> Nonpriority creditor's name and mailing address Kirby Smith Machinery, Inc PO Box 270360 Oklahoma City OK 73137 Date or dates debt was incurred 2021 Last 4 digits of account number 1 0 1 3 Cause No. CV520-21DC	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Account Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65,893.97

Debtor **Serviceline Transport, Inc.**

Case number (if known) **23-30348-MVL7**

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Amount of claim

3.57	Nonpriority creditor's name and mailing address KServicing for Kabbage, Inc. PO Box 77073 _____ Atlanta GA 30357 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PPP Loan Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,285.53
3.58	Nonpriority creditor's name and mailing address Larry Gaddes, Tax Assessor 904S Main St _____ Georgetown TX 78626 Date or dates debt was incurred 2021 Last 4 digits of account number 8 7 1 3	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Account Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,825.25
3.59	Nonpriority creditor's name and mailing address Lattimore Materials c/o Thompson Coe 700 N Pearl St, 25th Floor _____ Dallas TX 75201-2832 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Account Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,514.00
3.60	Nonpriority creditor's name and mailing address Lott-Vernon CPA Firm 20 S 4th St _____ Temple TX 76501 Date or dates debt was incurred 2016 Last 4 digits of account number 5 7 6 0 Cause No. 22DCV332260	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Account Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$120,545.68

Debtor **Serviceline Transport, Inc.**

Case number (if known) **23-30348-MVL7**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.61</div> Nonpriority creditor's name and mailing address Lott-Vernon CPA Firm 20 S 4th St Temple TX 76501 Date or dates debt was incurred 2016 Last 4 digits of account number 5 7 6 0 Cause No. 22DCV332260	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Account Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$272.50
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.62</div> Nonpriority creditor's name and mailing address M. Turner Field Kershaw Anderson, PLLC 12400 Coit Rd, Ste 570 Dallas TX 75251 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Attorney Fees Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.63</div> Nonpriority creditor's name and mailing address Martin Marietta PO Box 677061 Dallas TX 75267 Date or dates debt was incurred 2022 Last 4 digits of account number 3 7 2 9	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Account Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$81,465.19
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.64</div> Nonpriority creditor's name and mailing address Massey's Towing Company 10514 Wireway Dr. Dallas TX 75220 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Account Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,876.06
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Debtor **Serviceline Transport, Inc.**

Case number (if known) **23-30348-MVL7**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.65</div> Nonpriority creditor's name and mailing address <u>Michael Colon</u> <u>aka M&N Transportation</u> <u>11002 Hammerly Blvd, #60</u> <u>Houston TX 77043</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Driver</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.66</div> Nonpriority creditor's name and mailing address <u>Michael L. Satterwhite</u> <u>Sloan Hatcher, et al</u> <u>PO Drawer 2909</u> <u>Longview TX 75606</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ Cause No. DC-22-04789	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Attorney Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.67</div> Nonpriority creditor's name and mailing address <u>Michael Sanchez</u> <u>aka SanGas Trucking</u> <u>118 N Greatwood Glen PI</u> <u>Montgomery TX 77316</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Driver</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.68</div> Nonpriority creditor's name and mailing address <u>NETRMA Processing</u> <u>PO Box 734182</u> <u>Dallas TX 75373</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ Multiple Accounts	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$7,196.61</u>

Debtor **Serviceline Transport, Inc.**

Case number (if known) **23-30348-MVL7**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.69</div> Nonpriority creditor's name and mailing address <u>Nicholas S. Bressi</u> <u>1803 West Ave</u> <u>Austin TX 78701</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ Cause No. 20-1635-C425	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Attorney Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.70</div> Nonpriority creditor's name and mailing address <u>NTTA</u> <u>PO Box 660244</u> <u>Dallas TX 75266</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ Multiple Accounts	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$17,224.96</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.71</div> Nonpriority creditor's name and mailing address <u>Occupational Accident Risk, Inc</u> <u>PO Box 2414</u> <u>Boerne TX 78006</u> Date or dates debt was incurred <u>2021</u> Last 4 digits of account number <u>7 3 8 1</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,828.78</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.72</div> Nonpriority creditor's name and mailing address <u>Oscie Johnigan</u> <u>12385 FM 3271</u> <u>Tyler TX 75704</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Driver</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>

Debtor **Serviceline Transport, Inc.**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.73</div>	Nonpriority creditor's name and mailing address Pixel Perfect 941 Baylis St Baltimore MD 21224 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Account Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.74</div>	Nonpriority creditor's name and mailing address Professional Account Management, LLC PO Box 863867 Plano TX 75086 Date or dates debt was incurred _____ Last 4 digits of account number <u>8</u> <u>5</u> <u>8</u> <u>2</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Collecting for - NTTA Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43.39
<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.75</div>	Nonpriority creditor's name and mailing address Prosper Marketplace 221 Main St, Ste 300 San Francisco CA 94105 Date or dates debt was incurred 2022 Last 4 digits of account number <u>6</u> <u>4</u> <u>3</u> <u>9</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Loan Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,223.00
<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.76</div>	Nonpriority creditor's name and mailing address Quill.com PO Box 37600 Philadelphia PA 19101 Date or dates debt was incurred 2021 Last 4 digits of account number <u>9</u> <u>1</u> <u>8</u> <u>7</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Account Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$195.74

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Amount of claim

3.77	Nonpriority creditor's name and mailing address <u>Ready Refresh / Bluetriton</u> <u>6661 Dixie Hwy, Ste 4, #215</u> <u>Louisville</u> <u>KY</u> <u>40258</u> Date or dates debt was incurred <u>2022</u> Last 4 digits of account number <u>1</u> <u>0</u> <u>8</u> <u>1</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$157.59
3.78	Nonpriority creditor's name and mailing address <u>Rebecca A. Hicks</u> <u>Hicks Law Group, PLLC</u> <u>325 N St Paul St, Ste 4400</u> <u>Dallas</u> <u>TX</u> <u>75201</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ ____ ____ ____ Cause No. CV520-21DC	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Attorney Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.00
3.79	Nonpriority creditor's name and mailing address <u>Richard A. Cuccia, II</u> <u>108 E Chambers St</u> <u>Cleburne</u> <u>TX</u> <u>76031</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ ____ ____ ____ Cause No. CC-C20220235	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Attorney Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.00
3.80	Nonpriority creditor's name and mailing address <u>Safety-Kleen Systems</u> <u>42 Longwater Dr</u> <u>Norwell</u> <u>MA</u> <u>02061</u> Date or dates debt was incurred <u>2022</u> Last 4 digits of account number <u>5</u> <u>7</u> <u>1</u> <u>7</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,135.38

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.81</div> <div style="display: inline-block; vertical-align: top;"> <p>Nonpriority creditor's name and mailing address</p> <p><u>Samsara</u></p> <p><u>1 De Haro St</u></p> <p><u>San Francisco</u> <u>CA</u> <u>94107</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u></p> <p>Several Accounts</p> </div>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><u>Business Account</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><u>\$63,000.00</u></p>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.82</div> <div style="display: inline-block; vertical-align: top;"> <p>Nonpriority creditor's name and mailing address</p> <p><u>SanGas Trucking, LLC</u></p> <p><u>118 N Greatwood Glen PI</u></p> <p><u>Montgomery</u> <u>TX</u> <u>77316</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u></p> </div>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><u>Driver</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><u>\$1.00</u></p>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.83</div> <div style="display: inline-block; vertical-align: top;"> <p>Nonpriority creditor's name and mailing address</p> <p><u>Scott Porter, Tax Assessor</u></p> <p><u>PO Box 75</u></p> <p><u>Cleburne</u> <u>TX</u> <u>76033</u></p> <p>Date or dates debt was incurred <u>2021</u></p> <p>Last 4 digits of account number <u> 9 </u> <u> 4 </u> <u> 9 </u> <u> 3 </u></p> </div>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><u>Business Account</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><u>\$38,684.37</u></p>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.84</div> <div style="display: inline-block; vertical-align: top;"> <p>Nonpriority creditor's name and mailing address</p> <p><u>Shawn C. Morgan</u></p> <p><u>Chavez Legal Group</u></p> <p><u>11900 N 26th St, Ste 200</u></p> <p><u>Edinburg</u> <u>TX</u> <u>78539</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u></p> </div>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><u>Attorney Fees</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><u>\$1.00</u></p>

Debtor **Serviceline Transport, Inc.**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.85</div>	Nonpriority creditor's name and mailing address SOFI Bank 2750 E Cottonwood Pkwy, Ste 300 Salt Lake City UT 84121 Date or dates debt was incurred Last 4 digits of account number <u>7</u> <u>9</u> <u>2</u> <u>2</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Loan Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,078.00
<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.86</div>	Nonpriority creditor's name and mailing address Southern Tire Mart Dept 143, PO Box 1000 Memphis TN 38148 Date or dates debt was incurred 2020 Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Account Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,300.09
<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.87</div>	Nonpriority creditor's name and mailing address Spartan Business Solutions, LLC c/o Jason A. Gang 1245 Hewlett Plaza, #478 Hewlett NY 11557 Date or dates debt was incurred Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Lawsuit Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$86,745.00
<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.88</div>	Nonpriority creditor's name and mailing address Stephen Davis 204 Cloud Leap Trail Huntsville AL 35806 Date or dates debt was incurred Last 4 digits of account number _ _ _ _ Cause No. DC-22-04789	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Lawsuit Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00

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Amount of claim

<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.89</div>	Nonpriority creditor's name and mailing address <u>Stuart-Lippman & Associates, Inc</u> <u>5447 E 5th St, Ste 110</u> <u>Tucson</u> <u>AZ</u> <u>85711</u> Date or dates debt was incurred <u>2022</u> Last 4 digits of account number <u>3</u> <u>4</u> <u>4</u> <u>1</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$11,624.50</u>
<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.90</div>	Nonpriority creditor's name and mailing address <u>SubroSmart</u> <u>12750 Merit Dr, Ste 520</u> <u>Dallas</u> <u>TX</u> <u>75251</u> Date or dates debt was incurred <u>2021</u> Last 4 digits of account number <u>1</u> <u>1</u> <u>0</u> <u>7</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Possible PI Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$100.00</u>
<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.91</div>	Nonpriority creditor's name and mailing address <u>Susser Bank</u> <u>3030 Matlock Rd, Ste 110</u> <u>Arlington</u> <u>TX</u> <u>76015</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Any amounts owed</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.92</div>	Nonpriority creditor's name and mailing address <u>T. Cass Keramidas</u> <u>801 E Campbell Rd, Ste 625</u> <u>Richardson</u> <u>TX</u> <u>75081</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _ Cause No. JS21-00228D	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Attorney Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>

Debtor **Serviceline Transport, Inc.**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.93</div> Nonpriority creditor's name and mailing address <u>Taya Bardwell</u> <u>c/o Michah L. Satterwhite</u> <u>PO Drawer 2909</u> <u>Longview TX 75606</u> <u>Date or dates debt was incurred 2022</u> <u>Last 4 digits of account number </u> <u>Cause No. DC-22-04789</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,000.00</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.94</div> Nonpriority creditor's name and mailing address <u>Tex's Outdoor Services, LLC</u> <u>PO Box 706</u> <u>Sanger TX 76266</u> <u>Date or dates debt was incurred 2017</u> <u>Last 4 digits of account number </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$55,358.97</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.95</div> Nonpriority creditor's name and mailing address <u>Texas Department of Public Safety</u> <u>PO Box 4087</u> <u>Austin TX 78733-0522</u> <u>Date or dates debt was incurred 2019</u> <u>Last 4 digits of account number 7 4 8 2</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$30,610.00</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.96</div> Nonpriority creditor's name and mailing address <u>Texas Workforce Commission</u> <u>PO Box 149037</u> <u>Austin TX 78714</u> <u>Date or dates debt was incurred 2022</u> <u>Last 4 digits of account number 1 0 4 7</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,792.08</u>
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Debtor **Serviceline Transport, Inc.**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.97</div>	Nonpriority creditor's name and mailing address Thompson Coe 700 N Pearl St, 25th Floor Dallas TX 75201 Date or dates debt was incurred 2020 Last 4 digits of account number 9 2 2 3	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Account Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,828.09
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.98</div>	Nonpriority creditor's name and mailing address TXTAG 12719 Burnet Rd Austin TX 78727 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Account Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$333,128.58
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.99</div>	Nonpriority creditor's name and mailing address TXU Energy PO Box 650638 Dallas TX 75265-0638 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Account Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.100</div>	Nonpriority creditor's name and mailing address United Concordia Dental 1800 Center St, Ste 2B 220 Camp Hill PA 17011 Date or dates debt was incurred Last 4 digits of account number 9 1 2 5	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Insurance Account Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,347.03

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.101</div> Nonpriority creditor's name and mailing address United Healthcare Services, Inc. PO Box 19032 Green Bay WI 54307 Date or dates debt was incurred _____ Last 4 digits of account number <u>4</u> <u>6</u> <u>8</u> <u>3</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance Bill</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,768.28</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.102</div> Nonpriority creditor's name and mailing address Ware's Giant Tire Service PO Box 1873 Alvarado TX 76009 Date or dates debt was incurred <u>2020</u> Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u> Cause No. CC-C20220235	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$12,699.32</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.103</div> Nonpriority creditor's name and mailing address Workforce QA, LLC 1430 S Main St Salt Lake City UT 84115 Date or dates debt was incurred <u>2022</u> Last 4 digits of account number <u>L</u> <u>T</u> <u>0</u> <u>7</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,158.17</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.104</div> Nonpriority creditor's name and mailing address XRS Corporation (Omnitracs) PO Bbox 847170 Dallas TX 75284 Date or dates debt was incurred <u>2018</u> Last 4 digits of account number <u>1</u> <u>6</u> <u>3</u> <u>5</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$21,306.27</u>

Debtor **Serviceline Transport, Inc.**

Case number (if known) **23-30348-MVL7**

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Alison Davis Callison Perdue Brandon, et al 500 E Border St, Ste 640 Arlington TX 76010	Line <u>2.2</u> <input type="checkbox"/> Not listed. Explain:	____ _ ____ _
4.2	Aubrey R. Williams Attorney at Law PO Box 20156 Waco TX 76702	Line <u>3.61</u> <input type="checkbox"/> Not listed. Explain:	____ _ ____ _
4.3	Aubrey R. Williams Attorney at Law PO Box 20156 Waco TX 76702	Line <u>3.60</u> <input type="checkbox"/> Not listed. Explain:	____ _ ____ _
4.4	Ellison & Totz 2211 Norfolk, Ste 510 Houston TX 77098	Line <u>3.86</u> <input type="checkbox"/> Not listed. Explain:	____ _ ____ _
4.5	J. Kyle Treadway Treadway Law Firm 14781 Memorial Dr, Box 12 Houston TX 77079	Line <u>3.82</u> <input type="checkbox"/> Not listed. Explain:	____ _ ____ _
4.6	J. Kyle Treadway Treadway Law Firm 14781 Memorial Dr, Box 12 Houston TX 77079	Line <u>3.67</u> <input type="checkbox"/> Not listed. Explain:	____ _ ____ _

Debtor **ServiceLine Transport, Inc.**

Case number (if known) **23-30348-MVL7**

Part 3: Additional Page for Others to Be Notified About Unsecured Claims

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.7	<u>J. Kyle Treadway</u> <u>Treadway Law Firm</u> <u>14781 Memorial Dr, Box 12</u> <u>Houston TX 77079</u>	Line <u>3.65</u> <input type="checkbox"/> Not listed. Explain:	<u> </u> <u> </u> <u> </u> <u> </u>
4.8	<u>J. Kyle Treadway</u> <u>Treadway Law Firm</u> <u>14781 Memorial Dr, Box 12</u> <u>Houston TX 77079</u>	Line <u>3.51</u> <input type="checkbox"/> Not listed. Explain:	<u> </u> <u> </u> <u> </u> <u> </u>
4.9	<u>J. Kyle Treadway</u> <u>Treadway Law Firm</u> <u>14781 Memorial Dr, Box 12</u> <u>Houston TX 77079</u>	Line <u>3.50</u> <input type="checkbox"/> Not listed. Explain:	<u> </u> <u> </u> <u> </u> <u> </u>
4.10	<u>J. Kyle Treadway</u> <u>Treadway Law Firm</u> <u>14781 Memorial Dr, Box 12</u> <u>Houston TX 77079</u>	Line <u>3.27</u> <input type="checkbox"/> Not listed. Explain:	<u> </u> <u> </u> <u> </u> <u> </u>
4.11	<u>J. Kyle Treadway</u> <u>Treadway Law Firm</u> <u>14781 Memorial Dr, Box 12</u> <u>Houston TX 77079</u>	Line <u>3.15</u> <input type="checkbox"/> Not listed. Explain:	<u> </u> <u> </u> <u> </u> <u> </u>
4.12	<u>J. Kyle Treadway</u> <u>Treadway Law Firm</u> <u>14781 Memorial Dr, Box 12</u> <u>Houston TX 77079</u>	Line <u>3.5</u> <input type="checkbox"/> Not listed. Explain:	<u> </u> <u> </u> <u> </u> <u> </u>
4.13	<u>J. Kyle Treadway</u> <u>Treadway Law Firm</u> <u>14781 Memorial Dr, Box 12</u> <u>Houston TX 77079</u>	Line <u>3.2</u> <input type="checkbox"/> Not listed. Explain:	<u> </u> <u> </u> <u> </u> <u> </u>

Debtor **Serviceline Transport, Inc.**

Case number (if known) **23-30348-MVL7**

Part 3: Additional Page for Others to Be Notified About Unsecured Claims

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.14	<u>Jordan A. Glaze</u> <u>Glaze Garrett</u> <u>PO Box 1599</u> <u>Gilmer TX 75644</u>	Line <u>3.82</u> <input type="checkbox"/> Not listed. Explain:	<u> </u> <u> </u> <u> </u> <u> </u>
4.15	<u>Jordan A. Glaze</u> <u>Glaze Garrett</u> <u>PO Box 1599</u> <u>Gilmer TX 75644</u>	Line <u>3.67</u> <input type="checkbox"/> Not listed. Explain:	<u> </u> <u> </u> <u> </u> <u> </u>
4.16	<u>Jordan A. Glaze</u> <u>Glaze Garrett</u> <u>PO Box 1599</u> <u>Gilmer TX 75644</u>	Line <u>3.65</u> <input type="checkbox"/> Not listed. Explain:	<u> </u> <u> </u> <u> </u> <u> </u>
4.17	<u>Jordan A. Glaze</u> <u>Glaze Garrett</u> <u>PO Box 1599</u> <u>Gilmer TX 75644</u>	Line <u>3.51</u> <input type="checkbox"/> Not listed. Explain:	<u> </u> <u> </u> <u> </u> <u> </u>
4.18	<u>Jordan A. Glaze</u> <u>Glaze Garrett</u> <u>PO Box 1599</u> <u>Gilmer TX 75644</u>	Line <u>3.50</u> <input type="checkbox"/> Not listed. Explain:	<u> </u> <u> </u> <u> </u> <u> </u>
4.19	<u>Jordan A. Glaze</u> <u>Glaze Garrett</u> <u>PO Box 1599</u> <u>Gilmer TX 75644</u>	Line <u>3.27</u> <input type="checkbox"/> Not listed. Explain:	<u> </u> <u> </u> <u> </u> <u> </u>
4.20	<u>Jordan A. Glaze</u> <u>Glaze Garrett</u> <u>PO Box 1599</u> <u>Gilmer TX 75644</u>	Line <u>3.15</u> <input type="checkbox"/> Not listed. Explain:	<u> </u> <u> </u> <u> </u> <u> </u>

Debtor ServiceLine Transport, Inc. Case number (if known) 23-30348-MVL7

Part 3: Additional Page for Others to Be Notified About Unsecured Claims

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.21	<u>Jordan A. Glaze</u> <u>Glaze Garrett</u> <u>PO Box 1599</u> <u>Gilmer TX 75644</u>	Line <u>3.5</u> <input type="checkbox"/> Not listed. Explain:	_____
4.22	<u>Jordan A. Glaze</u> <u>Glaze Garrett</u> <u>PO Box 1599</u> <u>Gilmer TX 75644</u>	Line <u>3.2</u> <input type="checkbox"/> Not listed. Explain:	_____
4.23	<u>M. Turner Field</u> <u>Kershaw Anderson, PLLC</u> <u>12400 Coit Rd, Ste 570</u> <u>Dallas TX 75251</u>	Line <u>3.72</u> <input type="checkbox"/> Not listed. Explain:	_____
4.24	<u>Martin Marietta</u> <u>PO Box 30013</u> <u>Raleigh NC 27622</u>	Line <u>3.63</u> <input type="checkbox"/> Not listed. Explain:	_____
4.25	<u>PAM (Tolls)</u> <u>PO Box 863867</u> <u>Plano TX 75086</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Collecting for - NTTA, TX Tag, etc	_____
4.26	<u>Rebecca A. Hicks</u> <u>Hicks Law Group, PLLC</u> <u>325 N St Paul St, Ste 4400</u> <u>Dallas TX 75201</u>	Line <u>3.56</u> <input type="checkbox"/> Not listed. Explain:	_____
4.27	<u>Richard A. Cuccia, II</u> <u>108 E Chambers St</u> <u>Cleburne TX 76031</u>	Line <u>3.102</u> <input type="checkbox"/> Not listed. Explain:	_____

Debtor ServiceLine Transport, Inc. Case number (if known) 23-30348-MVL7

Part 3: Additional Page for Others to Be Notified About Unsecured Claims

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.28	<u>Shawn C. Morgan</u> <u>Chavez Legal Group</u> <u>11900 N 26th St, Ste 200</u> <u>Edinburg TX 78539</u>	Line <u>3.46</u> <input type="checkbox"/> Not listed. Explain:	<u> </u> <u> </u> <u> </u> <u> </u>
4.29	<u>Stuart-Lippman & Associates, Inc.</u> <u>5447 E 5th St, #110</u> <u>Tucson AZ 85711-2345</u>	Line <u>3.31</u> <input type="checkbox"/> Not listed. Explain:	<u> </u> <u> </u> <u> </u> <u> </u>
4.30	<u>Thompson Coe</u> <u>700 N Pearl St, 25th Floor</u> <u>Dallas TX 75201</u>	Line <u>3.59</u> <input type="checkbox"/> Not listed. Explain:	<u> </u> <u> </u> <u> </u> <u> </u>

Debtor ServiceLine Transport, Inc. Case number (if known) 23-30348-MVL7

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1 5a. \$164,391.55

5b. Total claims from Part 2 5b. + \$2,127,606.09

5c. Total of Parts 1 and 2 5c. \$2,291,997.64
Lines 5a + 5b = 5c.

Fill in this information to identify the case and this filing:

Debtor Name Serviceline Transport, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number 23-30348-MVL7
(if known)

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets--Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206-Summary)
- ☒ Amended Schedule E/F
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 04/13/2023
MM / DD / YYYY

X /s/ Rick Gibson
Signature of individual signing on behalf of debtor

Rick Gibson

Printed name

Owner/Officer

Position or relationship to debtor